

Injectable Vaccine Administration for Adults*

Vaccine	Age/Reminders	Route	Site	Needle Size	Contraindications [†]
Tetanus/Diphtheria (Td)	7 years & older	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component; For Tdap: encephalopathy within 7 days of previous pertussis vaccine dose without other known cause
Td with pertussis (Tdap)	11-64 yrs (Adacel®) 10-18 yrs (Boostrix®)				
Hepatitis B (hep B)	3-dose series; no booster recommended	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component (baker's yeast)
Hepatitis A (hep A)	2-dose series; 2 nd dose 6 mo after 1st	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix® only: 2-phenoxyethanol)
Measles/Mumps/Rubella (MMR)	Born 1957 or later, assure 1 dose given; 2 doses for high risk	SC	Lateral Upper Arm	5/8" 23-25g	Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy
Varicella (Var)	Born 1980 or later, assure 2 doses or evidence of immunity	SC	Lateral Upper Arm	5/8" 23-25g	Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy
Inactivated Influenza (TIV)	Given yearly (thru March/April)	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component (eggs)
Pneumococcal Polysaccharide (PPV 23)	No more than 2 lifetime doses Space at least 5 years apart	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to prior dose or component
		IM	Deltoid	1" – 1.5" 22-25g	
Meningococcal Conjugate (MCV4)	All adol 11-18 yrs; persons 19-55 yrs with risk factor	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component; history of GBS (use MPSV4)
Human Papillomavirus (HPV4)	Females age 9 thru 26; 3-dose series	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component; hypersensitivity baker's yeast
Herpes Zoster (zoster)	Adults 60 years and older	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy

* Routinely screen for and administer these vaccines as needed. See Adult Immunization Schedule for additional information on risk groups, dosing and minimum intervals.

For travel and select-group vaccine information (IPV, yellow fever, rabies, etc.), refer to www.cdc.gov/vaccines

† Vaccines should never be administered in the buttocks. See package insert for complete contraindication/component listing; components may vary by brand of vaccine

Alliance for Immunization in Michigan, 2008 AIM Kit—Adult Immunization Section

Rev. December 12, 2007